## Kansas Department of Health and Environment 2017 Emissions Inventory for Class II Sources

## **General Owner and Source Information**

Source ID #:	F	Primary SIC:	
		Secondary SIC:	
	_		
Source Name:			
Mailing Address:			
City:	State:	Zip:	
	•		
Physical Source Location A	ddress		
Portable Sources - County loc	ation for majority of year:		
Street Address:			
City:	State:	Zip:	
	or	•	
Legal Address (S-T-R):			
	or		
Latitude:	Longitude:		
	•		
Source Contact regarding F	acility Operations		
Name:			
Telephone:	E-mail:	E-mail:	

All Class II facilities must complete this Facility Information form and their applicable emissions worksheet(s) by April 1, 2018. If applicable, fill out the HAPs Form and Stack Information Form.

Emissions worksheets are available at: <a href="http://www.kdheks.gov/emission/forms.html">http://www.kdheks.gov/emission/forms.html</a>

Submit via e-mail to: Barb.Bangert@ks.gov

Submit via mail to: Barb Bangert

KDHE, Bureau of Air

1000 SW Jackson, Suite 310 Topeka, KS 66612-1366

For questions contact Barb Bangert at (785) 296-1582 or Barb.Bangert@ks.gov